

RECEIVED
CENTRAL FAX CENTER

POSZ LAW GROUP, PLC

ATTORNEYS AT LAW

12040 SOUTH LAKES DRIVE, SUITE 101
RESTON, VA 20191TEL: (703) 707-9110
FAX: (703) 707-9112
WWW.POSZLAW.COM

SPECIALIZING IN PATENTS, TRADEMARKS & COPYRIGHTS

DAVID G. POSZ *
 JAMES E. BARLOW *
 BRIAN C. ALTMILLER
 ROBERT L. SCOTT, II
 CYNTHIA K. NICHOLSON
 R. EUGENE VARNDELL *
 THERESS B. VARNDELL *
 KERRY S. CULPEPPER
 DEBRA G. SHOEMAKER, PH.D. **

* NOT ADMITTED IN VIRGINIA
 PRACTICE LIMITED TO FEDERAL PATENT,
 TRADEMARK AND COPYRIGHT MATTERS
 ** PATENT AGENT

FACSIMILE TRANSMISSIONDate: 10/23/2006

Pages: 13 (including this page)

To: USPTO

From: Cynthia K. Nicholson

Fax No.: 571-273-8300

Subject: Amendment

Comments:

| | |
|-------------------------|------------------------|
| Applicant: Sugimoto | Serial No.: 10/696,568 |
| Filing Date: 10/30/2003 | Atty Dkt.: 03-038 |

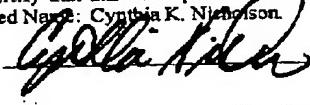
Title: RADIO RECEIVER INTEGRATED VEHICULAR METER UNIT

Attached please find:

- (1) Transmittal form;
- (2) Fee transmittal form;
- (3) Petition for Extension of Time (1 month); and
- (4) 9-page Amendment.

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the USPTO (Fax. No. 571-273-8300) on 23 October 2006. Typed Name: Cynthia K. Nicholson.

Signature: 

*****Notice*****

The information contained in this facsimile transmission is intended only for the above-indicated addressee, and may contain privileged and confidential attorney work product or trade secret information. Any dissemination, distribution or copying of any part of this transmission is strictly prohibited. If you have received this transmission in error, please immediately notify the sender, and return the transmission to the sender at the above-indicated address.

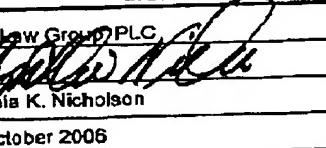
| | | | |
|--|--|------------------------|------------|
| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | | Application Number | 10/696,568 |
| | | Filing Date | 10/30/2003 |
| | | First Named Inventor | SUGIMOTO |
| | | Art Unit | 2636 |
| | | Examiner Name | Lieu |
| Total Number of Pages in This Submission | | Attorney Docket Number | 03-038 |

RECEIVED
CENTRAL FAX CENTER

OCT 23 2006

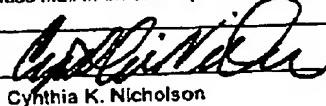
| ENCLOSURES (Check all that apply) | | |
|---|--|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | <input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below): |
| Remarks | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | |
|--------------|---|
| Firm Name | Posz Law Group PLC |
| Signature |  |
| Printed name | Cynthia K. Nicholson |
| Date | 23 October 2006 |
| | Reg. No. 36,880 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

| | |
|-----------------------|---|
| Signature |  |
| Typed or printed name | Cynthia K. Nicholson |
| | Date 23 October 2006 |

RECEIVED
CENTRAL FAX CENTER

OCT 23 2006

FEE TRANSMITTAL

| | | | |
|--|----------|----------------------|------------|
| | | Application Number | 10/696,568 |
| | | Filing Date | 10/30/2003 |
| | | First Named Inventor | SUGIMOTO |
| | | Examiner Name | Lieu |
| <input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27 | | Art Unit | 2636 |
| TOTAL AMOUNT OF PAYMENT | (\$ 120) | Attorney Docket No. | 03-038 |

METHOD OF PAYMENT (check all that apply)

 Check None Other (please identify): Deposit Account Deposit Account Number: 50-1147 Deposit Account Name: Posz Law Group, PLCFor the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
 Charge fee(s) indicated below Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|------------------|-------------|--------------|-------------|--------------|------------------|--------------|----------------|
| | Fee (\$) | Small Entity | Fee (\$) | Small Entity | Fee (\$) | Small Entity | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | \$ |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | |
| Provisional | 160 | 80 | 0 | 0 | 0 | 0 | |

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent

Multiple dependent claims

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|----------|---------------|---------------------------|----------|---------------|
| - 20 or HP = | x | = | | | 50 | 25 |

HP = highest number of total claims paid for, if greater than 20

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | | |
|---------------|--------------|----------|---------------|--|--|
| - 3 or HP = | x | = | | | |

HP = highest number of independent claims paid for, if greater than 3

| 3. APPLICATION SIZE FEE | \$ | (\$ for small entity) |
|--|----|-----------------------|
| If the specification and drawings exceed 100 sheets of paper, the application size fee due is for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41 (a)(1)(G) and 37 CFR 1.16(s). | | |

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| - 100 = | / 50 = | (round up to a whole number) | x | |

| 4. OTHER FEE(S) | | | | |
|---|-------|--------------------------------|--|-----|
| Non-English Specification, | \$130 | fee (no small entity discount) | | |
| Other, Petition for Extension of Time (1 month) | | | | 120 |

| SUBMITTED BY | | | |
|-------------------|---|--------------------------------------|-----------------|
| Signature |  | Registration No. (Attorney/Agent) | 36,880 |
| Name (Print/Type) | Cynthia K. Nicholson | Telephone | (703) 707-9110 |
| | | Date | 23 October 2006 |